

## **The Department of Social Services' System of Care Procurement**

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### **What is the system of care procurement?**

DSS plans to redesign and reprocure current categorical services of \$160M in Commonworks, residential treatment and group homes; \$50M in contracted foster care; and \$25M in family based services. The new procurement will apply the system of care principles and framework to create local networks of integrated services across the state. It will establish:

- A comprehensive statewide system of care that is integrated appropriately at the local, regional, and statewide levels using a lead agency model.
- The infrastructures necessary for DSS to effectively partner with families, communities, sister state agencies, private providers, and academic institutions to ensure collaboration in the planning, development, implementation, and evaluation of an integrated service delivery system.

### **Goals of the system of care procurement**

The ultimate goals of this comprehensive procurement are ambitious and closely integrate with the Continuous Quality Improvement (CQI) Program, the Professional Development Institute, and case practice enhancement initiatives. The goals are to:

- Support and enhance the capability of families to keep safe and nurture their children.
- Increase community tenure by reducing the need and duration for out-of-community placements.
- Ensure that no child enters adulthood alone but has sustained healthy relationships.
- Ensure the most effective and efficient allocation and utilization of public resources (including funding, staff, expertise, legal authority, etc) possible while achieving positive outcomes for children and families.
- Restore a healthy and appropriate balance of mutual accountability between the public child welfare agency and communities in supporting families in caring for their children.

### **Why are we changing our approach to purchasing services?**

- DSS' performance on the Federal Child & Family Services Review fell below national standards on measures of safety, permanency, and well-being.
- Case practice changes such as Family Group Conferencing and strength-based service planning will make new, appropriate demands for individualized, flexible services to which the purchased service system must respond as a matter of routine not exception.
- The Department's purchased services system has not been analyzed comprehensively as a system for several years and is in danger of being merely a collection of programs rather than a cohesive system.
- The "stuck kids" phenomenon is not limited to psychiatric inpatient units. Kids are "stuck" at almost every level of placement in the system indicating that the system itself is stuck and not appropriately managing transitions nor supporting families in caring for kids.

### **How will the system of care work?**

The Department will contract with providers to establish Area-based Lead Agencies and Regional Resource Centers. The general framework and approach was recommended by a 28-member Workgroup comprised of DSS senior managers, provider agency executive directors, and parents that was charged by the Commissioner with conducting a review of the Department's procurement policies

and practices. Their recommendations address designing, managing, and purchasing services using a system of care approach. The full Report is available at <http://www.state.ma.us/dss>.

Area-based Lead Agencies will partner with the Area Office and focus on enhancing local community service systems of care. They will:

- Participate in case planning teams in order to provide expertise on service availability and to develop individualized services as necessary.
- Facilitate service access and monitor progress towards service plan goals.
- Review utilization of services and recommend changes in service intensity, duration, and termination.
- Develop and manage local service networks that center on community-based programs that address needs identified through the Area Office's CQI work.

Regional Resource Centers will support local systems of care by creating regional markets and purchasing approaches for services that span multiple Area Offices. They will:

- Develop programs to serve special populations that a single Area Office does not serve enough of to purchase its own program.
- Integrate services and funding from other state purchasers.
- Broker services across the Region as needed to support Area-based Leads.

### **What is the project status?**

In September 2003, DSS began intensive work on policy and operational design. Our plan is to issue an RFR in April 2004 and to implement the new system in January 2005. The following workgroups have been established and charged with addressing various aspects of the system of care design.

- The Community-Connected Residential Services Workgroup is charged with identifying clinical, managerial, and systemic changes to support a more thorough connection of residential services to community systems and with providing a readiness roadmap to the provider community.
- A Case Management Roles & Responsibilities Workgroup will guide a consensus-building process to define DSS' and the lead agencies' case management roles and responsibilities that will be incorporated into the system of care design. This process will be facilitated by a neutral consensus-building consultant.
- A Departmental Procurement Planning Process that utilizes regional teams, supported by a technical assistance team, to craft the operational design of the system of care procurement.

### **Key challenges**

The system of care vision will require significant organizational and cultural changes within the Department and in the provider community. As each workgroup proceeds, it will identify specific implications of its design proposals. However, the responsibility for managing change exceeds well beyond the workgroups listed above. Executive Staff and Statewide Managers will be critical forums for shaping these changes and sources of leadership in implementing them.

One of the ways in which DSS will manage the scope of changes is by designing a multi-year transition with clear timeframes and benchmarks to which DSS holds itself and its contracted providers accountable. However, managing a multi-year project is a new approach in and of itself for the Department and will challenge our collective ability to maintain our commitment to these changes.